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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/562,473			ing Date 18/2006	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			HER THAN ALL ENTITY
FOR			IUMBER FI	LED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		ı	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A	1	N/A		ı	N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A		l	N/A	
TOTAL CLAIMS (37 CFR 1 16(i))			mir	nus 20 = *		l	x s = 1		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			l	X \$ =			X \$ =	
If the specification and of sheets of paper, the apprince (37 CFR 1.16(a)) If the specification and of sheets of paper, the apprince (37 CFR 1.16(a)) If the specification and of sheets of of sh					on size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	05/20/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 14	Minus	·· 20	= 0	ı	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	···3	- 0	ı	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	•	Minus		=		X \$ =		OR	x s =	
№	Independent (37 CFR 1 16(h))	•	Minus	***	-	l	x s =		OR	x s =	
Į.	Application Size Fee (37 CFR 1.16(s))								l		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is leas than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The Space of the Proviously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 11.6. The information is required to delian or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 11.6. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitted the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandrius, VA 22319.4. Box D.O. NOT ISSNO D.O. NOT ISSNO THESS OR COMPLETED FORMS TO THIS ADDRESS SERVO TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSNO THESSNO TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSNO THE STATE OF THE COMPLETE STATE OF THE STATE OF